Report Year: 2010 12875 Kaiser Foundation Hospital - West Los Angeles Los Angeles

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Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:	12875	
Facility Name:	Kaiser F	Foundation Hospital - West Los Angeles
Address:	6041 Ca	adillac Ave.
City:	Los Anç	geles
Hospital Owner/Lic	ensee:	Kaiser Foundation Hospital / 930000081
Year of Rep	porting:	2010
Contact 1 e-mail A	ddress:	
Contact 2 e-mail Ad	ddress:	
Contact 3 e-mail Ad	ldress::	
Name of Sul	bmitter:	Mark Itzigoshn
Submission	n Date:	1/28/2011 9:41:29 AM

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
01	Center Tower	6041 Cadillac Ave.	Retrofit	SPC2	01/01/2013	01/01/2015

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For each building which is planned for retrofitting or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E).

Building No: 01	Center Tower	Retrofit/Replacement Yes-Planned Project:
Facility Project Sub <u>Number Number Num</u>	Scope	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
12875 HL011700	0	05/14/2002 04/29/2003 04/29/2003 10/26/2004 CLSD No
12875 HL011704	0	10/31/2002 05/13/2003 05/13/2003 02/20/2007 CLSD No

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 01	Buildi	ng Name: Center Tower		
Type of Service Prov	<u>/ided</u>			
X Nursing	Inpatient Beds	96 Inpatient 0 Days	X Surgical	Obstetrical Recovery
X IntensiveCare	Inpatient Beds	17 Inpatient Days 1172	X Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical X Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration X Support	X Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services Obstetrical	X Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	Central Plant

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 04	Buildi	ng Name: Central Plant					
Type of Service Provided							
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery			
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby			
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency			
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging Pharmaceutical	Nuclear Medicine			
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Dietetic	Rehabilitation Therapy			
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration Support	Renal Dialysis Outpatient			
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Services	Surgery			
		Total Beds this Building	Cesarean/Deliv	X Central Plant			

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	01 Bu	uilding Name: Cen	ter Tower				
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	Acute Psychiatric		
Inpatient 96 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Pediatric		intensive Care Ne Nursery	wborn	Intermediate Card			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 17 Bed	Inpatient 1172 Days	Inpatient 0 Bed	Inpatient 0 Days		
Intensive Care		Rehabilitation Center		Int. Care / develope Disabled	ment		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	113	0		

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	04 E	Building Name: Cent	tral Plant				
Medical / Surgical (Include GYN)	Acute Respiratory	Care	Acute Psychiatric	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Perinatal (excluse I	Newborn / GYN)	Burn		Skilled Nursing			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Pediatric		intensive Care Nev Nursery	vborn	Intermediate Card			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	ment		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0		

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed
01	Center Tower	
02	North Tower	
03	South Tower	
04	Central Plant	$\overline{\square}$
05	Generator Building	
06	West Wing Tower	$\overline{\sqcap}$
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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

			_	_					
Building Number:	01	Building Name:	Center	Tower					
Type of Service Provided									
		X	Sur	gical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X	Nursing	X	Ane	esthesia					
X	IntensiveCare		7			Obstetrical Recovery	X	Renal Dialysis	
	Pediatric/Adol escent	<u> </u>	∫ Clir	nical Lab		Newborn/	X	Outpatient Surgery	
	Psychiatric	X		diological/ aging	Ш	WellBaby			
	Nursing		Pha	armaceutical		Emergency		Central Plant	
	Obstetrical Ante/Postprtum	, ,	1			Nuclear Medicine	X	Support Services	
_		<u> </u>] Die	tetic		MEGICINE		OGI VICES	
	Intermediate Care	X	Adr	ministration					
	Skilled Nursing								

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	04 Buildin	g Name: Central Plant								
Type of Service Provided										
		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy						
	Nursing	Anesthesia								
	IntensiveCare		Obstetrical Recovery	Renal Dialysis						
	Pediatric/Adol escent	Clinical Lab		Outpatient						
		Radiological/ Imaging	Newborn/ WellBaby	L Surgery						
	Psychiatric Nursing	Pharmaceutical	Emergency	X Central Plant						
	Obstetrical Ante/Postprtum		Nuclear	Support						
_	Ante/Fusipitum	Dietetic	Medicine	Services						
	Intermediate Care									
	· ·	Administration								
	Skilled Nursing	1								

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	01	Building Na	me: Center Tower				
Configuration:	Retrofit Non-Confo	orming buildi	ng to SPC 2 and NPC	C 3 and rem	ove from service by 2030		
Type of Service	ce Provided						
X N	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X II	ntensiveCare	X	Anesthesia		Obstetrical	X	Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	ntermediate Care	X	Dietetic				0
	Skilled Nursing	X	Administration	Ш	Nuclear Medicine	X	Support Services

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			IAHUCICS		

Building Number	r: 02	Building Na	me: North Tower			
Configuration:	N/A					
Type of Serv	ice Provided					
	Nursing		Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia	Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab	Recovery		
	Psychiatric Nursing		Radiological/ Imaging	Newborn/ WellBaby	X	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	E		Octobel Plant
	Intermediate		Dietetic	Emergency	Ш	Central Plant
	Care			Nuclear Medicine		Support Services
	Skilled Nursing		Administration			

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Building Numbe	r: 03	Building Na	me: South Tower			
Configuration:	N/A					
Type of Serv	ice Provided					
X	Nursing		Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare		Anesthesia	Obstetrical		Renal Dialysis
1 1	Pediatric/Adol escent		Clinical Lab	Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging	Newborn/ WellBaby		Outpatient Surgery
1 1	Obstetrical Ante/Postprtum	X	Pharmaceutical	Emergency		Central Plant
	Intermediate Care		Dietetic			
	Skilled Nursing	X	Administration	Nuclear Medicine	X	Support Services

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Building Numbe	er: 04	Building Na	me: Central Plant			
Configuration .	N/A					
Type of Serv	vice Provided					
	Nursing		Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia	Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab	Recovery		
	Psychiatric Nursing		Radiological/ Imaging	Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	Emergency	X	Central Plant
	Intermediate		Dietetic	Lineigency		Contrain fain
	Care Skilled Nursing		Administration	Nuclear Medicine		Support Services

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			TATIQUES		

Building Number:	05	Building Nar	me: Generator Build	ling			
Configuration .	N/A						
Type of Service	Provided						
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Int	tensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical nte/Postprtum		Pharmaceutical			X	Central Plant
	termediate		Dietetic		Emergency		Central Plant
	are				Nuclear Medicine		Support Services
Sk	killed Nursing		Administration				

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Building Number	er: 06	Building Na	me: West Wing Tower	•			
Configuration:	N/A						
Type of Ser	vice Provided						
X	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare	Х	Anesthesia	X	Obstetrical		Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging	X	Newborn/ WellBaby	X	Outpatient Surgery
X	Obstetrical Ante/Postprtum	X	Pharmaceutical	X	Emergency		Central Plant
	Intermediate	X	Dietetic		Emergency		Central Flam
	Care Skilled Nursing		Administration		Nuclear Medicine	X	Support Services

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number: 02								
Type of Service Pro	Type of Service Provided							
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
IntensiveCare	Inpatient Beds	0		Anesthesia				
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis		
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	X Outpatient Surgery		
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant		
Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services		
Skilled Nursing	Inpatient Beds	0		Administration				
Total Beds this Building		0						

Re	port	Yes	ır.
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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Buildi	ing Number: 03							
Тур	Type of Service Provided							
X	Nursing	Inpatient Beds	53		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
X	IntensiveCare	Inpatient Beds	33		Anesthesia			
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis	
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery	
	Obstetrical Ante/Postprtum	Inpatient Beds	0	X	Pharmaceutical	Emergency	Central Plant	
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Support Services	
	Skilled Nursing	Inpatient Beds	0	X	Administration			
	Total Beds this Building		86					

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number: 05	Building Number: 05 Building Name: Generator Building								
Type of Service Pro	Type of Service Provided								
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
IntensiveCare	Inpatient Beds	0		Anesthesia					
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis			
Psychiatric Nursing	Inpatient Beds	0		Radiological/ maging	Newborn/ WellBaby	Outpatient Surgery			
Obstetrical Ante/Postprtum	Inpatient Beds	0	F	Pharmaceutical	Emergency	X Central Plant			
Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services			
Skilled Nursing	Inpatient Beds	0	A	Administration					
Total Beds this Building		0							

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Build	ing Number: 06						
Type of Service Provided							
X	Nursing	Inpatient Beds	78	X	Surgical	X Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare	Inpatient Beds	0	X	Anesthesia		
	Pediatric/Adol escent	Inpatient Beds	0	X	Clinical Lab	X Obstetrical Recovery	Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	X Newborn/ WellBaby	X Outpatient Surgery
X	Obstetrical Ante/Postprtum	Inpatient Beds	28	X	Pharmaceutical	X Emergency	Central Plant
	Intermediate Care	Inpatient Beds	0	X	Dietetic	Nuclear Medicine	X Support Services
	Skilled Nursing	Inpatient Beds	0		Administration		
	Total Beds this Building		106				

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Building Number:	2 Build	ing Name: North	n Tower			
Medical / Surgical (Inc	lude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse Nev	vborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	
Pediatric		intensive Care New Nursery	vborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / develop	nent	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	0	0	

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Building Number:	03 Build	ing Name: Sout	h Tower		
Medical / Surgical (Ir	nclude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 53 Bed	Inpatient 5105 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0
Perinatal (excluse No	ewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0
Pediatric		intensive Care New Nursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0
Intensive Care		Rehabilitation Center		Int. Care / development Disabled	
Inpatient 33 Bed	Inpatient 3606 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Inpatient Days	0
Coronary Care		Chemical Dependency			Beds this ng Per e
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	86	0

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Building Number:	05 Build	ing Name: Gene	erator Building		
Medical / Surgical (In	clude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Ne	ewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Building Number:	6 Build	ing Name: West	t Wing Tower		
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient 78 Bed	Inpatient 10737 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Newborn / GYN)		Burn		Skilled Nursing	
Inpatient 28 Bed	Inpatient 1443 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days
Pediatric		intensive Care Newborn Nursery		Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / development Disabled	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	106	0